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make recommendations for precaution(s), if appropriate, and administrative management of the service member. (See reference (a) subparagraph D6, and enclosures (4) and (5) of this instruction.)

(2) The mental health care provider shall review with the service member the clinical summaries, letter, and recommendations made to the CO.

h. Actions by COs

(1) Whenever a privileged mental health care provider makes a recommendation to the service member's CO on an imminently or potentially dangerous service member, the CO shall make a written record of the actions taken and reasons therefore.

(2) Whenever a mental health care provider recommends to a service member's CO the member be separated from military service due to a personality disorder and imminently or potentially dangerous behavior, that recommendation shall be co-signed by the mental health care provider's CO. If the service member's CO declines to follow the recommendation(s) of the provider, the service member's CO shall forward a letter to his or her immediate superior in the chain of command within two business days of receiving the recommendation(s), explaining the decision to retain the service member against medical advice.

i. Medical Quality Management Case Review

(1) Every mental health evaluation or treatment case in which a service member ultimately commits an act resulting in suicide, homicide, serious injury or significant violence, shall be systematically reviewed per the MTF's plan for improving patient care and health outcomes. Assessment of findings shall be used to design and measure improvements of patient care processes, risk-management, and MTF staff competence.

(2) Reviews shall focus particularly on clinical assessment, treatment, progress, administrative recommendations and administrative follow-through, as documented in the medical and personnel records.

(3) Case reviews shall be included in ongoing quality management activities. Such reviews shall include lessons learned and recommendations for improvement in the future medical management of service members at increased risk of dangerous behavior.